Hair Extensions Client Agreement

I, _____, (Client's Name)

(Print Name) Has given Katie McIntyre (Stylist) a non refundable deposit of ______ for hair extension service procedure.

I have been given specific admonitions and advice regarding the for care and maintenance of my hair after this extension procedure in order to keep a satisfactory appearance to, and the life of my hair. I understand that the "Stylist" is not responsible for any damage to my hair due to any action by me or anyone else in the removal or alteration of any work done in this procedure excepting the appropriate procedures that are or may be performed by a certified specialist, and in this event another firm or person's service are used, "Client" herby waives and releases Katie McIntyre from any claim, expense or damage arising from or related to such other or person's actions or services.

I acknowledge and agree that the "Stylist" is not responsible for any damage to the hair or scalp that has occurred or mat occur prior to this procedure and I herby waive and release any claim for the affect or damage to the hair due to any hair extension service including hair color, hair lightening, perms, chemical straightening, or any loss of hair from such service or other hair extension service.

I have been given all the information and my questions have been answered in regards to this service. The "Stylist" providing this service is a Certified Technician and my responsibilities following this service/procedure have been explained to me.

I agree to be a responsible client and to follow the regiment for proper hair care as instructed by my Certified Stylist. I agree to this service and to continue to care and maintenance as suggested to uphold the quality and integrity of my hair, the product and its application.

I agree to a before and after photograph (only the back of the head is required). I understand that hair extensions are not a permanent procedure and that some natural shedding may occur. I understand that once I place my order there is no money back guarantee.

Total Cost of Hair and Service\$_____Deposit Paid CK CASH CC\$_____Color Service\$_____Hair Cut\$_____Total Balance due at time of Service\$______

Date _____

(Client Signature)

Date

(Katie McIntyre Signature) (949) 632-5567

Method:

Date Ordered:

Hair Ordered: